



STATE  
OF  
GEORGIA

Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
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1. Application Date <b>6-28-73</b>	<b>INSTRUCTIONS:</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. <b>DBP-3</b>		Date Received <b>JUL 3 1973</b>	Application No. <b>73-461</b>
3. AGENCY, Division, Subdivision & Administering Office Address <b>Department of Human Resources Division of Benefits Payments Administrative Field Unit 407-A 47 Trinity Ave, Atlanta, Ga. 30334</b>		4. Person to Contact <b>Mrs. Bobbie Ware</b>	Date Completed <b>JUL 19 1973</b>
		5. Working Title <b>Chief</b>	6. Tel. No. <b>656-4457</b>

7. ACTION REQUESTED

- ☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest  
Dates of Series  
**1969- to date**

9. Exact Series Title

**Field Representative's Field Report Files**

10. What is the function of the office in which this record series is created?  
Documents relating to the visits of Field Representatives to County Departments of Family and Children Services.

- Di Included are: 1. Correspondence to and from Field Representatives  
2. Narratives of visits of Field Representatives to County Offices.

Files are arranged by district and thereunder alphabetically by name of county.

What is the function of the office in which this record series is created?  
The Division of Benefits Payments, headed by the Director, is responsible for supervising and regulating the Assistance Programs for indigents in the State. Included are:

1. the Assistance Programs which provide food and monetary assistance (Assistance Payment Section)
2. the Assistance Program which provides Medical Care for indigents (Medical Benefits Section)

11. This file contains the following documents (include form numbers and titles, if any,

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records
Letter-size File Drawers	2	3		1	1.5
Legal-size File Drawers			FLOOR SPACE OCCUPIED (Square Feet)	In Office(s)	In Storage Area(s)
				7	
			AVERAGE DAILY REFERENCES	This Year's	Last Year's
				Preceding Year's	All Prior Years'

**QUESTIONNAIRE** Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [ ]
14. Is there a duplication of this series in another office or agency? ☐ [ ] ☒ [X]
15. Is the information contained in this series ever summarized or published? ☐ [ ] ☒ [X]  
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☐ [ ] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [ ] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ [ ]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [ ] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [ ] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [ ] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [ ] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [ ] ☒ [X]

24. REQUIREMENTS. The following requires the files to be kept Permanent years:

- a. ☐ STATE LAW    b. ☐ STATUTE OF LIMITATION    c. ☐ AUDIT PERIOD    d. ☐ FEDERAL LAW    e. ☒ ADMINISTRATIVE DECISION    f. ☐ HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☒ CALENDAR YEAR ☐ FISCAL YEAR ☐ OTHER \_\_\_\_\_, then:

- ☐ Hold in the current files area \_\_\_\_\_ month(s)/\_\_\_\_\_ year(s):
- ☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold \_\_\_\_\_ year(s):
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Destroy immediately after cut-off.
- ☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Alan A. Spurlock</i>	6-28-73		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robbie J. Stare</i>	6-28-73
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>	7-16-73
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll West</i>	7-10-73
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert J. Shell</i>	7-16-73

STATE RECORDS  
COMMITTEE